

1.) CORPORATION NAME:

**UNITED TECHNOLOGIES CORPORATION**DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM****4701 COX RD STE 301**  
**GLEN ALLEN, VA 23060**SCC ID NO: **F0500779**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000,000
PREFER	250,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1 FINANCIAL PLAZA

CITY/ST/ZIP: HARTFORD, CT 06101

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

☒

OFFICER

☐

DIRECTOR

NAME: CHARLES GILL  
TITLE: SR VP/GC  
ADDRESS: 1 FINANCIAL PLAZA  
CITY/ST/ZIP/CO: HARTFORD, CT 06101
☒

OFFICER

☐

DIRECTOR

NAME: GREGORY J HAYES  
TITLE: SR VP/CFO  
ADDRESS: 1 FINANCIAL PLAZA  
CITY/ST/ZIP/CO: HARTFORD, CT 06101
☒

OFFICER

☐

DIRECTOR

NAME: THOMAS I ROGAN  
TITLE: VP-TREASURER  
ADDRESS: 1 FINANCIAL PLAZA  
CITY/ST/ZIP/CO: HARTFORD, CT 06101
☒

OFFICER

☒

DIRECTOR

NAME: LOUIS R CHENEVERT  
TITLE: CEO/CHAIRMAN  
ADDRESS: 1 FINANCIAL PLAZA  
CITY/ST/ZIP/CO: HARTFORD, CT 06101
☒

OFFICER

☐

DIRECTOR

NAME: PETER GRABER-LIPPERMAN  
TITLE: SECRETARY  
ADDRESS: 1 FINANCIAL PLAZA  
CITY/ST/ZIP/CO: HARTFORD, CT 06101
☐

OFFICER

☒

DIRECTOR

NAME: JOHN V FARACI  
TITLE: DIRECTOR  
ADDRESS: c/o UNITED TECHNOLOGIES CORPORATION  
1 FINANCIAL PLAZA  
CITY/ST/ZIP/CO: HARTFORD, CT 06101

NAME:	JEAN-PIERRE GARNIER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	c/o UNITED TECHNOLOGIES CORPORATION 1 FINANCIAL PLAZA HARTFORD, CT 06101		
CITY/ST/ZIP/CO:			
NAME:	JAMIE S GORELICK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	c/o UNITED TECHNOLOGIES CORPORATION 1 FINANCIAL PLAZA HARTFORD, CT 06101		
CITY/ST/ZIP/CO:			
NAME:	EDWARD A KANGAS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	c/o UNITED TECHNOLOGIES CORPORATION 1 FINANCIAL PLAZA HARTFORD, CT 06101		
CITY/ST/ZIP/CO:			
NAME:	EILEEN KULLMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	c/o UNITED TECHNOLOGIES CORPORATION ONE FINANCIAL PLAZA HARTFORD, CT 06101		
CITY/ST/ZIP/CO:			
NAME:	MARSHALL LARSEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	c/o UNITED TECHNOLOGIES CORPORATION 1 FINANCIAL PLAZA HARTFORD, CT 06101		
CITY/ST/ZIP/CO:			
NAME:	RICHARD D MCCORMICK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	c/o UNITED TECHNOLOGIES CORPORATION 1 FINANCIAL PLAZA HARTFORD, CT 06101		
CITY/ST/ZIP/CO:			
NAME:	HAROLD MCGRW III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	c/o UNITED TECHNOLOGIES CORPORATION 1 FINANCIAL PLAZA HARTFORD, CT 06101		
CITY/ST/ZIP/CO:			
NAME:	RICHARD B MYERS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	c/o UNITED TECHNOLOGIES CORPORATION 1 FINANCIAL PLAZA HARTFORD, CT 06101		
CITY/ST/ZIP/CO:			
NAME:	H PATRICK SWYGERT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	c/o UNITED TECHNOLOGIES CORPORATION 1 FINANCIAL PLAZA HARTFORD, CT 06101		
CITY/ST/ZIP/CO:			
NAME:	ANDRE VILLENEUVE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	c/o UNITED TECHNOLOGIES CORPORATION 1 FINANCIAL PLAZA HARTFORD, CT 06101		
CITY/ST/ZIP/CO:			

NAME:	CHRISTINE TODD WHITMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	c/o UNITED TECHNOLOGIES CORPORATION		
CITY/ST/ZIP/CO:	1 FINANCIAL PLAZA HARTFORD, CT 06101		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ PETER GRABER-LIPPERMAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PETER GRABER-LIPPERMAN, SECRETARY PRINTED NAME AND CORPORATE TITLE	1/23/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			